



Allied Health • Orthotics and Prosthetics

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Medi-Cal Training Seminars

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2006 CPT-4/HCPSC Codes Reminder

Effective November 1, 2006, Medi-Cal will adopt the 2006 CPT-4 and HCPCS Level II codes. Claims billed for dates of service on or after November 1, 2006 must use the appropriate 2006 codes.

Codes to be added, modified or deleted were listed in the July 2006 *Medi-Cal Update*. Policy for new benefits was announced in the September 2006 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

Diabetic Shoe and Insert Policy Updates

Effective for dates of service on or after November 1, 2006, reimbursement policy for therapeutic diabetic shoes and inserts is updated as follows:

HCPCS codes A5500 (prefabricated shoes) and A5512 (prefabricated inserts) may each be reimbursed up to a quantity of four in 12 months. The daily maximum allowable for each code is two, but they do not have to be billed in pairs. The maximum allowable in 12 months may include any combination of right or left sides.

Codes A5501 (custom shoes) and A5513 (custom inserts) may each be reimbursed up to a quantity of two in 12 months. The maximum allowable in 12 months may include any combination of right or left sides.

Providers will not be reimbursed for both prefabricated and custom shoes or inserts for the same foot in the same 12 months, unless:

- The claim does not exceed the stated annual frequency limitation for the respective codes, and
- The medical condition has changed to the extent that a custom appliance would be required for the same side after a prefabricated shoe or insert has been tried.

Diabetic shoe inserts are reimbursable only if a diabetic shoe is billed on the same claim or in a 12-month history.

Also, the name of the certification form has been changed to *Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts* form, and modified to clarify conditions for which the diabetic shoes or inserts are being ordered.

The updated information is reflected on manual replacement page [ortho 15](#) (Part 2) and the Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts form (Part 2).

Bilateral Instep Extensions Reimbursable with Medical Justification

Effective for dates of service on or after November 1, 2006, bilateral instep extensions billed with HCPCS code L3570 (special extension to instep [leather with eyelets]) may be reimbursable with claim documentation showing the recipient's need for bilateral instep extensions. *Provider manual page [ortho 7](#) (Part 2) is updated to reflect this policy.*

Podiatrist Reminder: Select Orthotics Require TAR

Podiatrists are reminded that a *Treatment Authorization Request* (TAR) is required for the following items:

<u>HCPCS Code</u>	<u>Description</u>
L2999	Lower extremity orthosis, not otherwise specified
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

Frequency Limitations Update for Power Wheelchair Replacement Motors and Gear Boxes

Effective retroactively for dates of service on or after November 1, 2005, the allowable daily limitation for the following power wheelchair accessories is two a day. The long-term frequency limitation is two in three years.

<u>HCPCS Code</u>	<u>Description</u>
E2368	Motor, replacement only
E2369	Gear box, replacement only
E2370	Motor and gear box combination, replacement only

No action is required by providers. Claims for these codes submitted on or after the effective date will be automatically reprocessed.

The updated information is reflected on manual replacement page dura cd fre 3 (Part 2).

Aerosol Mask is New DME Benefit

Effective for dates of service on or after November 1, 2006, HCPCS code A7015 (aerosol mask, used with DME nebulizer) is a new Medi-Cal Durable Medical Equipment (DME) benefit, subject to prior authorization. Code A7015 is limited to disposable masks, must be billed with modifier -NU (purchase), and has a reimbursement rate of \$1.50 per mask. Multiple masks may be reimbursed for the same recipient on the same date of service, but code A7015 is limited to three disposable masks per month, unless additional masks are medically justified and *Treatment Authorization Request* (TAR)-approved.

The updated information is reflected on manual replacement pages dura cd 6 (Part 2) and dura cd fre 1 (Part 2).

CPAP Equipment and Related Accessories Policy Updates

Effective retroactively for dates of service on or after January 1, 2006, in compliance with Medicare policy changes, HCPCS codes A7030 (CPAP full face mask), A7034 (nasal interface), A7035 (headgear) and A7036 (chinstrap) are separately reimbursable on the same date of service with a purchased Continuous Positive Airway Pressure (CPAP) device (code E0601-NU). HCPCS codes A7037 (tubing), A7038 (disposable filter) and A7039 (non-disposable filter) are included in the reimbursement of code E0601-NU, and therefore continue to not be separately reimbursable. Claims for accessory codes A7030 and A7034 – A7036 that were denied for the same date of service as CPAP code E0601-NU, billed for dates of service on or after January 1, 2006, will be automatically reprocessed for potential reimbursement, within the frequency limitations for the individual codes.

Please see CPAP Equipment, page 3

CPAP Equipment (*continued*)

Additionally, effective for dates of service on or after November 1, 2006, providers should note the following policy modifications:

- Code A7030 (CPAP full face mask) is not separately reimbursable with other supply codes A7031 (replacement face mask interface), A7032 (replacement nasal mask interface cushion), A7033 (replacement interface pillow), A7034 (nasal interface) or A7036 (chinstrap) if billed for the same month of service, any provider.
- Code A7034 (nasal interface) is not separately reimbursable with other replacement supply codes A7031 (replacement face mask interface), A7032 (replacement nasal mask interface cushion) or A7033 (replacement interface pillow) if billed for the same month of service, any provider.
- The frequency restriction for code A7032 (replacement nasal cushion) is changed to one per month.

This information is reflected on manual replacement page dura cd fre 1 (Part 2).

California Children's Services (CCS) Updates**Drugs Requiring Separate Authorization**

Injectable drug sermorelin acetate (HCPCS code Q0515) has been added to the table of Drugs Requiring Separate Authorization, effective for dates of service on or after November 1, 2006.

Service Code Groupings (SCGs)

Effective for dates of service on or after November 1, 2006, updates will be made to California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03, 04 and 05.

HCPCS code X7038 has been end-dated retroactively for dates of service on or after July 1, 2006.

In addition, CPT-4 codes 78990, 79900, 88182, 88367 – 88368, 91034 – 91035, 91037 – 91038 and 91040 have been added retroactively for dates of service on or after November 1, 2005.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child sar 6 (Part 2) and cal child ser 1 thru 3, 5, 7 thru 17 and 22 (Part 2).

Non-Taxable Catheters Billing Update

Effective immediately, the following medical supply codes for catheters are non-taxable.

9914F – 9914O	9990H	9991W
9943N	9990J – 9990N	9991Y
9981F	9990P	9992A – 9992H
9989A – 9989F	9990R – 9990T	9992J – 9992N
9989H	9990W	9992P
9989J – 9989N	9990Y	9992R – 9992T
9989P	9991A – 9991F	9992W
9989R – 9989T	9991H	9992Y
9989W	9991J – 9991N	9993A – 9993F
9989Y	9991P	9993H
9990A – 9990F	9991R – 9991T	9993J – 9993N

The updated information is reflected on manual replacement page tax 9 (Part 2).

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Remove and replace: cal child sar 5/6
cal child ser 1 thru 18, 21/22
cif co 1/2 *
dura cd 3 thru 24
dura cd fre 1 thru 4
hcpcs iii 1/2 *
medi non hcp 1/2 *
modif app 5/6 *
ortho 1/2, 7/8, 11/12, 15

Remove after the
*Orthotic and Prosthetic
Appliances* section:

Statement of the Certifying Physician for Therapeutic Diabetic Shoes

Replace with: *Physician Certification of Medical Necessity for Therapeutic Diabetic Shoes and Inserts (new)*

Remove and replace: ortho cd1 1 thru 31 *
ortho cd2 1 thru 22 *
tax 1/2

Remove: tax 5 thru 8
Insert: tax 5 thru 9

* Pages updated due to ongoing provider manual revisions.